State of Wisconsin
Department of Workforce Development

WORK APPLICATION

JOB SERVICE WISCONSIN

Company Name:_____   Date: _____

PLEASE PRINT OR TYPE ALL INFORMATION

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04 (1)(m)] *USE ADDITIONAL PAGES IF NECESSARY*

Last Name	First Name	Middle

Application for Position of	Date Available
Present Address - Number, Street, City, State, Zip Code	Home Phone (Include Area Code)
Mailing Address (if different from above) – Number, Street, City, State, Zip Code	Business Phone (Include Area Code)

What hours are you **NOT** available to work? (AM or PM)	What days are you **NOT** available to work?
	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Types of Employment Preferred (Check more than one box if desired)
☐ Permanent (Full Time)   ☐ Permanent (Part Time)   ☐ Temporary (Full Time) until _____   ☐ Temporary (Part Time) until _____

1. Do you have access to a car? (For some positions, a vehicle is required.) . . . .   ☐ Yes   ☐ No

2. Do you have a valid driver's license? . . . .   ☐ Yes   ☐ No

3. Are you over age 18? . . . .   ☐ Yes   ☐ No

4. Are you a U.S. citizen, or do you have an entry permit which allows you to work? . . . .   ☐ Yes   ☐ No

EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High School Diploma or a GED Equivalency? ☐ Yes ☐ No	Name and Location of High School

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended.) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Circle the number of years in College or University: 1 2 3 4 5 6 7 8 9 10 11 12

Name and Location	Dates Attended From	To	Credits Earned	Major Field	GPA/Base	Degree (and Year) Conferred

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training, or volunteer work which you feel is **relevant** to the job or jobs for which you are applying. Also include **relevant** licenses or certificates. *Be specific*.

List any organizations you belong to (or have belonged to) and any job-related honors or awards you have received:

WORK EXPERIENCE: Provide a complete description. This information will be used to determine if your application is accepted. *BE SPECIFIC.* Start with your most recent job. BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position. You may also attach Work Application Supplement (JET-5012) with additional information.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed ☐ Full-Time ☐ Part-Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary Beginning: $ ☐ Hourly Salary Ending: $

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed ☐ Full-Time ☐ Part-Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary Beginning: $ ☐ Hourly Salary Ending: $

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed ☐ Full-Time ☐ Part-Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary Beginning: $ ☐ Hourly Salary Ending: $

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties		Name of Supervisor
		Total Time Employed ☐ Full-Time ☐ Part-Time
		From (Month & Year) / To (Month & Year)
		Check One: ☐ Monthly Salary Beginning: $ ☐ Hourly Salary Ending: $

May we communicate with your present employer?   ☐ Yes   ☐ No

REFERENCES

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone
Signature		Date Signed